have every year, where our Nation focuses on praying for our Nation. I want to welcome my guests, Dr. and Mrs. Franklin Page, who will join us this week to recognize this time and to set aside time to celebrate our religious liberty and the individual freedom that becomes the focus of this week.

There is also another focus that comes into mind as we talk about this religious liberty. I want to take a moment and welcome and recognize the arrival of my new nephew, Grayson Lee Hunter. He is joining brothers Worth and Preston, his cousin Georgia Kate, and his cousins Jack and Chase, who are my grandsons. We know that being able to grow up in freedom is such a wonderful gift, and we are excited about that and excited about what individual freedom means to each of us.

I want to turn our attention now to something that constricts that freedom, and that is what we see through the President's healthcare law. Again, yesterday we came to the floor to push to repeal that law. This is something that we will continue. There is a reason for this.

Let me give you some examples. Last week I was out in my district. I visited with constituents who are employers. I want to cite three examples. One, an employer of 76 people, another an employer of 400 people, and another a franchise owner, 3,000 people that are in this group.

Let me tell you what I heard from each and every one of these individuals. Their employees, many of whom are my constituents, want to see a return to patient-centered, affordable health care. They do not want more Big Government and more unfunded mandates that they are being forced to deal with. It changes the kind of health care that they can get.

Now, when it comes to health insurance, what we have found is the escalation of cost to the individual because of what is happening with the mandate. The insurance cost has gone up, the out-of-pocket deductibles, all of this is going up. What we also see is a cramping of access because of narrowed networks.

Another thing that is happening is what is taking place through the oversight boards, the preventive service task forces. These could also be called some of those oxymoronic Federal agencies because instead of opening up the healthcare process, what we see is they are reducing what you have access to, and it is also a slowdown in payment reimbursements for so many of our Medicare recipients. That is what is happening in health care, and we are hearing about it from our employers.

Now, there are options that are out there. Let me cite just a couple for my colleagues. H.R. 2300, Empowering Patients First Act, that is the bill from Dr. PRICE, and also, special attention to, the Republican Study Committee plan, the American Health Care Reform Act. It is H.R. 2653. Leading this charge has been my Tennessee colleague Dr. PHIL ROE, who has worked with each of us as we have pulled provisions into this bill to make certain that we return to the principles of affordability, accessibility, and accountability in patient-centered health care. We think it is time for these moves to take place.

Mr. Speaker, I would like to return everyone's attention to the need to address the issue of replacing the ObamaCare legislation so that we reduce the cost and increase the access of health care for all Americans.

DR. OMALU'S DISCOVERIES AND ACHIEVEMENTS

The SPEAKER pro tempore. The Chair recognizes the gentleman from California (Mr. MCNERNEY) for 5 minutes.

Mr. MCNERNEY. Mr. Speaker, I rise today to recognize the medical achievements and discoveries of an extraordinary man from my district, Dr. Bennet Omalu.

Dr. Omalu's medical achievements, focusing primarily on brain injuries, have recently come to prominence with the movie ''Concussion,'' which chronicles Dr. Omalu's career and the controversies that his discoveries have created within the National Football League. Dr. Omalu's medical research is also particularly relevant as we prepare to watch Super Bowl 50 this weekend.

Dr. Omalu was born in Nnokwa, Nigeria, and was the sixth of seven siblings. His mother was a seamstress, and his father was a mining engineer and respected community leader who encouraged Omalu's career in medicine. His long medical career began at the age of 16 when he started attending medical school at the University of Nigeria. Omalu earned a bachelor of medicine and a bachelor of surgery in 1990.

In 1994, Dr. Omalu moved to Seattle, Washington, and completed an epidemiology fellowship at the University of Washington. In 1995, he moved to New York to complete his residency training in anatomic and clinical pathology. After completing his residency, Dr. Omalu trained as a forensic pathologist at the Allegheny County Coroner's Office in Pittsburgh.

It was here, after conducting an autopsy on former Pittsburgh Steeler Mike Webster, that Dr. Omalu made a groundbreaking discovery that would forever change our understanding of brain injuries. Dr. Omalu was the first to identify and diagnose and name chronic traumatic encephalopathy. Chronic traumatic encephalopathy, or CTE, is a disease prevalent in athletes who participate in high-contact sports like football, boxing, and wrestling.

Since Dr. Omalu's discovery, we now know that CTE is a progressive, degenerative disease that is found in people who have suffered repetitive brain trauma, including subconcussive hits that do not show any immediate symptoms. Early symptoms of CTE are usually detected 8 to 10 years after the original trauma and include disorientation, dizziness, and headaches.

As the disease progresses, individuals with CTE can experience memory loss, social instability, erratic behavior, and poor judgment. The worst cases of CTE show symptoms of dementia, vertigo, impeded speech, tremors, deafness, slowing of muscular movements, and suicidal tendencies.

Dr. Omalu's continued research on brain injuries and CTE has given us a greater understanding of the long-term effects of repeated brain trauma.

According to the CDC, approximately 3.8 million Americans every year suffer from concussions and approximately 208,000 people seek treatment in emergency rooms for traumatic brain injuries.

□ 1045

Approximately two-thirds of those emergency room visits are children ages 5 to 18. The rate of recurrence with traumatic brain injuries is high. An athlete who sustains a concussion is four to six times more likely to sustain a second concussion.

Of course, CTE research will also apply to veterans who suffer from traumatic brain injuries from combat activity.

Dr. Omalu has advocated for more education among athletes who play high-contact sports, teaching them about the risks associated with repetitive brain trauma. He has committed himself to advancing the medical understanding of CTE, brain injuries, and their effects on the people who suffer from them.

Today, Dr. Omalu has eight advanced degrees and board certifications, including master of public health and epidemiology and master of business administration. He resides in Lodi, California, and serves as the chief medical examiner of San Joaquin County, California, and as a professor at the UC Davis Department of Medical Pathology and Laboratory Medicine.

The Bennet Omalu Foundation is committed to funding research, raising awareness, providing care, and finding cures for people who suffer from CTE and traumatic brain injuries. It is imperative, as a Nation, that we support research on CTE and brain injuries and figure out how much high-impact sports are affecting the health of our children and athletes. I ask my colleagues to join me in honoring the research and achievements of Dr. Bennet Omalu and all he has done to further the understanding of the human brain.

HUD OVER-INCOME HOUSING

The SPEAKER pro tempore (Mr. WOODALL). The Chair recognizes the gentleman from Florida (Mr. JOLLY) for 5 minutes.

Mr. JOLLY. Mr. Speaker, I rise today in support of bipartisan legislation that the House recently passed, H.R. 3700, the Housing Opportunity Through

Modernization Act, and specifically section 103 that addresses a disturbing trend in taxpayer federally subsidized housing.

Last summer, HUD's inspector general published an audit revealing that over 25,000 recipients of taxpayer-supported housing actually exceeded the maximum allowable income to qualify for housing assistance. Importantly, roughly triple that number is on a wait list for housing. In fact, those on the wait list are economically qualified.

Worse, to pay for these over-income tenants, American taxpayers—you and I—are on the hook for $104 million next year. While hundreds of thousands of desperate low-income American families legitimately in need of taxpayer-supported housing today sit on those lists idly waiting for much-needed help, tens of thousands of over-income tenants sit in taxpayer-supported housing.

In one instance, a New York family with an income of nearly $500,000 is receiving taxpayer-subsidized public housing. In Nebraska, an individual with double the income limit and $1.6 million in assets is living in taxpayer-supported housing, paying $300 a month. In my home State of Florida, we have many cases as well.

It is very clear that eliminating this kind of waste, fraud, and abuse is the reason that we serve today. It is critical that we do so.

A combination of inadequate congressional directives and an indifferent Federal bureaucracy has let down the American people—the people who trust Congress to responsibly and effectively allocate tax dollars. It has also let down the low-income families on the wait list who are hoping for an opportunity to climb out of poverty.

I am pleased that the House acted responsibly yesterday to pass legislation to stop this failed policy. Section 103 of the Housing Opportunity Through Modernization Act sets clear requirements for HUD and, now, for local housing authorities.

Under this section, households currently in public housing whose income exceeds 120 percent of the median income level for 2 consecutive years will no longer be permitted to receive taxpayer assistance. Further, public housing authorities will be required to report annually to Congress and the American people on tenant incomes so that we might maintain proper oversight of this program.

These are reasonable reforms that bring accountability to a Federal program that desperately needs it, ensures a smooth pathway for over-income households to a reasonable transition off of taxpayer assistance, and should create new opportunities for those on the wait list.

I am also pleased to see that HUD is finally taking steps to address this matter. It is far too late, but at least they are. Just yesterday, the agency announced that it will consider a much-needed new rule to strengthen oversight of over-income tenancy in public housing.

Mr. Speaker, we should not rest until we can be sure that taxpayer dollars, those of the men and women who entrust us to represent them, are going to support only those American families most in need of assistance.

We still have much work remaining, but with passage of the Housing Opportunity Through Modernization Act, we have made a very important first step. Let us, together, hope that the Senate and the President will join with us in this important work on behalf of the American taxpayers that we represent.

AMERICAN HEART ASSOCIATION: GO RED FOR WOMEN

The SPEAKER pro tempore. The Chair recognizes the gentlewoman from Ohio (Mrs. BEATTY) for 5 minutes.

Mrs. BEATTY. Mr. Speaker, today I rise in support of the American Heart Association's Go Red for Women campaign.

The Go Red for Women campaign is a critical public awareness platform that the American Heart Association uses to help promote heart-healthy lifestyles. More than 627,000 women's lives have been saved from heart disease since the Go Red for Women campaign was created in 2004. We have made tremendous progress, Mr. Speaker, in the fight against cardiovascular disease, but we still have a long way to go.

Heart disease is the number one killer of women and is more deadly than all forms of cancer combined. Heart disease causes one in three women's death each year, killing approximately 1 woman every minute. Ninety percent of women have one or more risk factors for developing heart disease. Since 1984, more women than men have died from heart disease.

Heart disease is, unfortunately, a silent killer. According to the American Heart Association, nearly half of all women are not aware that heart disease is the leading cause of death for women.

For African American women, the risk of heart disease is especially great. Cardiovascular disease is the leading cause of death for African American women. Of African American women 20 years of age and older, 46.9 percent have cardiovascular disease; yet only 43 percent of African American women know that heart disease is their greatest health risk. In fact, I did not realize that I was at risk for stroke.

In 1999, I suffered a cerebral brain stem stroke. Because of my personal experience, I decided to be part of the solution. As this epidemic continues, I decided to not sit on the sidelines.

In 2000, I was elected to serve on the National American Heart Association Board of Directors. I was the only nonphysician or nonmedical professional on the board at that time. As a board member, I served as a leader, guiding the American Heart Association's mission, cultural sensitivities, and national efforts.

Here in Congress, my advocacy continues. As a member of the Congressional Heart and Stroke Coalition, my colleagues and I work to raise awareness about the prevalence and severity of cardiovascular disease.

Last Congress, I introduced two pieces of legislation that raise awareness for stroke and other cardiovascular diseases. One, the Return to Work Awareness Act, would assist survivors of stroke and other debilitating health occurrences in returning to work. Both pieces of legislation had the support of the American Heart Association and the National Stroke Association.

I will reintroduce, Mr. Speaker, these important pieces of legislation this month during American Heart Month. I encourage all my colleagues, Democrats and Republicans, to join me as an original sponsor.

Mr. Speaker, you will notice that many of our colleagues today will be wearing the red American Heart Association pin. By wearing this pin, we help raise the awareness of cardiovascular disease in women and provide an important reminder that it is never too early to take action to protect our health.

This month, American Heart Month, let us recommit ourselves to improving heart-healthy lifestyles and to continue to fight against this deadly disease for ourselves and our families.

Lastly, Mr. Speaker, I want to recognize all the survivors of heart disease and those who are battling heart disease. I salute their family members and friends who are their source of love and encouragement to them as they fight this disease, as well as my friend, American Heart Association CEO Nancy Brown, and all the healthcare professionals and medical researchers who are working to find cures to improve treatments.

Please join us. Sign onto my bill and support a healthy lifestyle.

RECESS

The SPEAKER pro tempore. Pursuant to clause 12(a) of rule I, the Chair declares the House in recess until noon today.

Accordingly (at 10 o'clock and 55 minutes a.m.), the House stood in recess.

□ 1200

AFTER RECESS

The recess having expired, the House was called to order by the Speaker at noon.

PRAYER

The Chaplain, the Reverend Patrick J. Conroy, offered the following prayer:

Compassionate and merciful God, we give You thanks for giving us another day.